

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594203

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12						
13						
14						
15						
16	1					
17						
18						
19						
20						
21	1					
22						
23						
24						
25	1					
26						
27						
28			1			
29						
30						
31						
32						
33						
34						
35						
36						
37						
38			1			
39						
40			1			
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		2			
TOTAL DEP.	22	←	18	←		←
TOTAL CLAIMS	27		20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.					↓	
TOTAL CLAIMS				←	←	←